



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

June 28, 2010

Mr. James Sutton, Administrator  
Victorian House Residence At Cedar Hill  
49 Cedar Hill Drive  
Windsor, VT 05089

Dear Mr Sutton:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **June 10, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS  
Assistant Director



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>VICTORIAN HOUSE RESIDENCE AT CEDAR HI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>49 CEDAR HILL DRIVE WINDSOR, VT 05089</b>		
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R100 SS=A	Initial Comments:  An unannounced on-site investigation was conducted by the Division of Licensing and Protection on 06/09/10 and concluded on 06/10/10. Based upon information gathered there were regulatory findings.	R100		RECEIVED Division of JUN 23 10 Licensing and Protection
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on record review and interview the RCH failed to develop a written care plan for care and services for 1 applicable resident. (Resident #1) Findings include:  1. Per record review of Resident #1's medical record, there was no care plan for pain management or pain medications. Per Physician's orders, Resident #1 is receiving Oxycodone 5 mg every evening and Tylenol 325 mg, 2 tabs 4 times a day. Per review of the care plan there was no evidence that pain was monitored, nor goals, interventions or outcomes. Per interview on 06/09/10 at 3:45 P.M. the DNS confirmed that a care plan was not written for pain management or pain medication.	R145	<b>R145 Resident Care and Home Services</b>  <b>Written Care Plan</b>  Audit of all care plans of the current residents residing in the Victorian House with new care plan form to address problems  Measures put into place to prevent this process from happening are DNS and ADNS will review and update the care plans as appropriate and to review each monthly  DNS and/or ADNS will monitor daily events of each resident and update the care plans appropriately  Quality Assurance Team will review quarterly for 6 months  July 24, 2010 <i>PVC audit 6-24-10</i> <i>Emm / LHA</i>	
R165 SS=C	V. RESIDENT CARE AND HOME SERVICES	R165		

Division of Licensing and Protection

*James B. Mutton*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrator*

(X6) DATE

*6-22-2010*

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R165	Continued From page 1  <b>5.10 Medication Management</b>  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on interview and personnel record review, the RN failed to provide medication delegation to unlicensed staff that meets the requirements specified in the regulation. Findings include:  1. Per interview and record review, the RN failed to ensure that non-licensed staff received the proper monitoring and evaluation of administration of medications. Per review of a personnel file, an unlicensed staff person was monitored and evaluated once by the RN during training. Per RCH policy, the medication administration requires non-licensed staff to take a test and then be monitored and evaluated	R165	<b>R165 Resident Care and Home Services</b>  <b>Medication Management</b>  Audit of the last 6 months of staff that have completed the Medication Training checking for compliance and competency completion  As staff complete the medication program all forms will be signed by the Staff Educator and the DNS as completed appropriately  Administrator will monitor the medication program by receiving a detailed report on each staff and dates of completion.  Quality Assurance Team will review quarterly for 6 months  July 24, 2010 <i>ROC upant 6-24-10</i> <i>Sm...</i>	

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R165	Continued From page 2  (competency) on different shifts. Per interview on 06/09/10 at 1:15 PM day staff indicated that an RN did not complete the competency component of delegation with them. Per interview on 06/10/10 at 1:00 P.M. the DNS confirmed that the RN did not evaluate or monitor non-licensed staff for medication administration per facility policy.	R165		
R167 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p><b>5.10 Medication Management</b></p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the RCH failed to have a written plan for the use of a PRN (as needed) psychoactive medication for 1 applicable resident (Resident #1). Findings include:</p> <p>1. Per record review of the MAR (Medication Administration Record), Resident #1 was given PRN Haldol for agitation and/or yelling. However,</p>	R167	<p><b>R167 Resident Care and Home Services</b></p> <p><b>Medication Management</b></p> <p>PRN medications for behaviors will be monitored on a facility designed form (Behavior Sheet) to monitor behaviors and the effects. All resident's charts will be audited for medications needing to have an Aims Test or Discus Completed</p> <p>Staff administering medications will be in serviced on the facility designed form and the Behavior Sheet will be initiated for use upon completion of the in service and new orders for medications requiring Aims Test or Discus will have Aims Test or Discus completed by LPN or RN receiving the order.</p>	

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R167	Continued From page 3  there was no indication if these non-specific behaviors caused an impairment in function to the resident nor were the behaviors quantitatively documented. In addition, a monitoring tool to measure undesired side effects, called either AIMS test or DISCUS test was not implemented. Per interview on 06/09/10 at 3:30 P.M. the DNS confirmed there was no written plan to direct staff to monitor specific behaviors, circumstances or side effects.	R167	This will be monitored by the DNS or ADNS following the 24 hour report for agitation and reviewing the behavior sheet for completion. The new medication orders will be followed by the DNS or ADNS for completion of the Aims test or Discus.	
R176 SS=D	<b>V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.10 Medication Management</b>  <b>5.10.h (4)</b>  Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice.  This REQUIREMENT is not met as evidenced by: Based upon record review, observations and interview, discontinued medication for one resident was not promptly and properly disposed of in accordance with the RCH's policy. (Resident #1) Findings include:  1. Per observation on 6/9/10 of the Medication cart at 11:10 A.M., the medication Haldol, stored in 'bubble cards' was in the resident's drawer 8 days after it was stopped by the physician. Per record review on 06/9/10 at 11:15 A.M. for Resident #1, a physician's order dated 06/01/10 ordered staff to discontinue the Haldol. Per interview, a staff person who administers	R176	Quality Assurance Team will review quarterly for 6 months  July 24, 2010 <i>OC unit 6-24-10</i> <i>Emma 18</i> <b>R176 Resident Care and Home Services</b>  <b>Medication Management</b>  Complete and thorough cleaning of medication cart with any expired or discontinued medication removed from cart  Upon discharge, expiration or discontinuation of a medication it will be removed from the medication cart and returned to the pharmacy or destroyed appropriately	

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R176	Continued From page 4  medications stated that he/she was "not sure, but I think the nurse is suppose to get rid of them" when asked by the Nurse surveyor the process for disposing of unused medications. Per interview on 06/09/10 at 11:30 A.M., the DNS confirmed that the expectation is that discontinued medication is sent back to the pharmacy the next day, and that Resident #1's Haldol was not promptly disposed of.	R176	Monitoring of the plan will be done by the Director of Nursing upon notification of discharged resident or discontinuation of the medication.  Quality Assurance Team will review quarterly for 6 months		
R179 SS=A	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced	R179	<p>July 24, 2010</p> <p><i>Account 6-24-10</i> <i>Emms / [signature]</i></p> <p><b>R179 Resident Care and Home Services</b></p> <p><b>Staff Services</b></p> <p>All employee's files of the Victorian Houses will be audited for appropriate annual in service training. Staff not having the appropriate annual in service training will be in serviced</p> <p>All in service training will be reviewed by the Staff Educator before the employee can continue to work or new employee can start work</p>		

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R179	Continued From page 5 by: Based on record review and interview, the facility failed to assure that 1 applicable employee providing direct care to residents completed the required 12 hours of annual training. Findings include:  Per review of 1 personnel file on 06/09/2010, the employee record did not contain evidence of all required annual training. During interview on 06/09/10 at 10:45 A.M., the DNS confirmed that there was no evidence to indicate that the employee had completed the required training.	R179	The DNS and/or ADNS will have to sign that they have reviewed the training and the employee can continue or begin to work  Quality Assurance Team will review quarterly for 6 months  July 24, 2010 <i>POC unpt 6-24-10</i> <i>Emms 1.8</i>	
R302 SS=C	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the RCH failed to document mandated quarterly fire drills for the RCH. Finding include:  1. Per review on 06/09/10, the Fire Drill log dated 2010, did not have adequate fire drills for	R302		

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R302	Continued From page 6  the Victorian House (VH). Per review of the log, a note dated 05/05/10 states 'Victorian House living room conducted 6 A.M'. Another note in the log book states 'need VH drills'. There was no further documentation to show the quarterly drills were conducted with rotating times of day ie; morning, afternoon, evening and night. Per interview on 06/09/10 at 11:30 A.M. the DNS stated that fire drills are conducted in conjunction with the long term care facility, Cedar Hill. Per further review of the Fire Drill Log, separate fire drills were conducted in 2009 for Cedar Hill, The Villages and VH. Per interview on 06/09/10 at 4:00 P.M. the Administrator confirmed the fire drills were not done per regulation.	R302	<b>R302 Physical Plant</b>  <b>Disaster and Emergency Preparedness</b>  Fire drill log will be reviewed and scheduled appropriately to meet state codes for all drills  Fire drills will be scheduled per Residential Care fire codes of 6 drills in a 1 year period with 2 on days, 2 on evenings and 2 on nights  The fire drills will be monitored by the Administrator and/or Director of Nursing to meet the code for Fire Drills  Quality Assurance Team will review quarterly for 6 months  July 24, 2010 <i>Account 6-24-10</i> 		